

HEALTH / NUTRITION QUESTIONNAIRE

for Expecting Mothers



Name _____ Age _____

Today's Date _____ Due Date _____

1) Who is your doctor for this pregnancy? _____

2) When was/is your first doctor's appointment? _____

3) How much did you weigh before you were pregnant? _____

4) How many pregnancies before this current pregnancy? _____

5) The WIC Program will help so you can breastfeed your baby.

How do you feel about breastfeeding?

___ Good idea ___ Not sure

___ Would like more information

6) How is your appetite? ___ Good ___ Fair ___ Poor

7) List any cravings you have: _____

8) Has your doctor told you to follow a certain diet?

___ Yes ___ No

If yes, please describe: _____

9) Check any problems you have now:

☐ Chewing/swallowing ☐ Heartburn ☐ Diarrhea
☐ Nausea ☐ Constipation ☐ Weight loss
☐ Tooth decay ☐ Bleeding gums ☐ Vomiting
☐ Other (specify) _____
☐ None

10) Do you have a dentist? ☐ Yes ☐ No

If yes, when was your last dental appointment? _____

11) Please check any of the services you receive now:

☐ TANF ☐ Medicaid ☐ Food Stamps ☐ SSI

12) Are there any foods you can't eat because

they cause you problems? ☐ Yes ☐ No

If yes, which foods? _____

13) Are you ever hungry because you don't have

enough money to buy food? ☐ Yes ☐ No

14) Do you take any of the following?

Vitamins ☐ Yes ☐ No

What kind? _____

How often? _____

Herbs (tea, mixtures) ☐ Yes ☐ No

What kind? _____

How often? _____

Medicine (any kind) ☐ Yes ☐ No

What kind? _____

How often? _____

15) What kinds of physical activities do you like to do
(walking, swimming, gardening)? _____

16) Which one of the following statements best describes your smoking habits?

(Please check one)

___ I quit smoking when I found out I was pregnant

___ I smoke now, but have cut down since I became pregnant

___ I smoke every once in a while

___ I smoke about the same or more as before I became pregnant

___ I started smoking since I became pregnant

___ I don't smoke now and I was not smoking when I got pregnant

Smokers: I usually smoke _____ cigarettes every day.

or I usually smoke _____ pack(s) every day.

17) Do you live or work with people who smoke around you?

___Yes ___No

18) How often do you drink alcohol? (Check one)

___Every day

___Few times a week

___Once or twice a month

___Never

___None since I became pregnant

19) Do you live in a home built before 1978 that has peeling or chipping paint?

___Yes ___No

Do you live in a home built before 1978 that is being remodeled?

___Yes ___No

**If you have been pregnant before,
please answer these questions:**

20) When did your last pregnancy end? Month _____ Year _____

21) Did you have any problems during any pregnancy or delivery?

___ No ___ Yes *Please describe:*

22) How many babies have you had? _____

23) Were any of your babies:

Stillborn? ___ Yes ___ No

Born early/premature? ___ Yes ___ No

If yes, how many weeks early? _____

Weigh 5 lb. 8 oz. or less at birth? ___ Yes ___ No

If yes, what did the baby weigh? _____

Weigh 9 lb. or more at birth? ___ Yes ___ No

If yes, what did the baby weigh? _____

24) Did you breastfeed your babies? ___ Yes ___ No

If yes, how long? _____

Thank you for helping us to serve you better.

Let our WIC staff know if you have any questions.

Food Questionnaire – Children and Women

Your(your child's) name _____

Directions: Check how often you or your child eats any of the foods in each group.

Number of times eaten

FOOD	(0) seldom never	(1) 1-2 times a week	(2) 3-6 times a week	(3) once a day	(4) more than once a day	WIC Staff use
<u>Group A</u> 1. Brewed regular coffee or tea cola with caffeine, Mountain Dew	1	1	1	1	1	_____ (=4)
<u>Group B</u> 2. Beer, wine, wine cooler, mixed drinks	1	1	1	1	1	_____ (≥1)
<u>Group C</u> 3. KoolAid®, fruit drinks, soda 4. Hamburger, hotdogs, fried chicken 5. Bologna, ham, sausage, bacon, pepperoni 6. French Fries, chips 7. Donuts, cake, pie, cookies candy, ice cream	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	_____ _____ _____ _____ _____ (≥4)
<u>Group D</u> 8. Milk, cheese, yogurt, pudding	1	1	1	1	1	_____ (≤3)
<u>Group E</u> 9. Chicken, turkey, beef, pork, veal, deer, moose, fish, egg 10. Beans, lentils, peanut butter, nuts, tofu	1 1	1 1	1 1	1 1	1 1	_____ _____ (≤4)
<u>Group F</u> 11. Fruit: fresh, frozen, canned 12. Vegetables: fresh, frozen, canned 13. Fruit juice	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	_____ _____ _____ (≤9)
<u>Group G</u> 14. Bread, bagels, rolls, tortillas 15. Pasta, noodles, rice 16. Cereal, muffins, pancakes 17. Crackers, other grains	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	_____ _____ _____ _____ (≤12)

**State of Maine
WIC Program**

Food Record

Your (your child's) name _____ Date _____

Directions: List all the food and drinks eaten on one day. Be sure to pick a usual day.

FOOD/DRINK	AMOUNT EATEN
Example: <i>Scrambled eggs</i> <i>Toast with butter</i> <i>Orange juice and milk</i>	<i>2 eggs</i> <i>1 slice toast, 1 tsp butter</i> <i>1 cup juice and milk</i>

Nutritionist's comments: Svgs/d eaten: _____ Dairy _____ Protein _____ Vegetable _____ Fruit _____ Grains

WIC Staff Use: Client's status: CH1 CH2 CH3 PGT PGW BF PP

Evaluated by: _____ Date: _____

(MWIC 045 rev.'98)